U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0185 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 cr 440.

For Off DOL / S Hec'd	icial Use Only	
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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

D TO DE LENS		
1. File Number U - 13342	2. Fiscal Year Covered From:	
·	1 / 1 / 2004 Through: 12 / 31 / 2004	
Name and address of person filing.	Name, file number, and address of labor organization.	
Name BARRY L CLARK	Name LONGSHOREMENS ASN AFL-CIO	
	Labor Organization File Number 513-292	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2700 S CLAIBORNE AVE	Street 2700 S CLAIBORNE AVE	
City NEW ORLEANS	City NEW ORLEANS	
State Louisiana ZIP Code + 4 70125-3923	State Louisiana ZIP Code + 4 70125-3923	
5. Position in labor organization. FINANCE COMMITTEEMAN		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	tion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizat	tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
Name and address of Employer (including trade name, if any).	The factor of microst, it mostles.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City	\$0	
State ZIP Cooks + 4		
sig	nature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	lying documents), has been examined by the signatory and is, to the best of the	
Signed Burry L. Clark	On 18-15-5 (504) 897-6203	
organica Walter All I Comment	Date Telephone Number	